Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10 | 15 | B 64 | 83 | |
|--|---|---|---|-------------------------------|--|------------------|-----------|-------------------------|------------------------|----------|-----------------------------------|------------------------|
| | | CLAIMS | (Column 1) | | (Column 2) | | SMALL ENT | | ГІТҮ | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | | R | ATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. | = \$ 150 | LARGE ENT. = \$ 300 | | BASIC | FEE | 130 | OR | BASIC FEE | |
| EXAMINATION FEE | | | Satisfies PCT A (4) = \$50 | | All other situations = \$ 100 / \$ 200 | | EXAM. | FEE | iao | | EXAM. FEE | |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | | ALL other situations = \$ 250 / \$ 500 | | SEAR | CH FEE | Dw | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. RGS. | | | minus 100 = | | / 50 = | | X \$ | 125 = | | · | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = | | • | | X \$ | 25 = | 50 | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | \ minus 3 = | | * | | X \$ | 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT. | | | | + \$ | 180 = | | OR | + \$ 360 = | , |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL | | | | | | | | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | Si | MALL E | OTHER TH | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | 21 | Minus | ** | (| = | X \$ | 25 = | | OR | X \$ 50 = | |
| AME | Independent | * 1 | Minus | *** | | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ | 180 = | | OR | + \$ 360 = | |
| | | | | | , | | | ADDIT. | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | ·. | (Colu | | (Column 3) | · | | ue. | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | R/ | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ | 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | • | = ' | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = | | | | | | | | | | | |
| | FIRST PRES | SENTATION OF N | MULTIPLE DEP | ENDENT | CLAIM | | + \$ | 180 = | | OR | + \$ 360 = | |
| | FIRST PRES | SENTATION OF N | MULTIPLE DEP | ENDENT (| CLAIM | | TOTAL | 180 = . ADDIT. EE | | OR OR | + \$ 360 = TOTAL ADDIT. FEE | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{*} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.